

Signature of Voter:

## COVER SHEET AND AFFIDAVIT FOR ABSENT UNIFORMED SERVICE AND OVERSEAS VOTER

State Form 51259 (R/10-05)

Indiana Election Commission (IC 3-11-4-6; IC 3-11-4-21; IC 3-11-10-1)

**INSTRUCTIONS:** This form, along with an absentee ballot, is sent by fax to an absent uniformed services voter or an overseas voter whose application to vote absentee by fax has been approved. The voter must complete this form and sign both the affidavit and the voluntary waiver of the right to a secret ballot. The voter then sends this form with the voted absentee ballots by fax to the county election board. The individual designated to receive absentee ballots transmitted by fax shall: (1) note the receipt of the absentee ballot in the records of the circuit court clerk as other absentee ballots received by the circuit court clerk are noted; (2) fold each ballot received from the voter separately so as to conceal the marking; (3) enclose each ballot in a blank absentee ballot envelope; (4) securely seal the envelope; (5) mark on the envelope: "Absentee Ballot Received by Fax"; and (6) securely attach to the envelope the faxed affidavit received with the voter's absentee ballots.

## **COVER SHEET**

COVERSI	<u>EE I</u>	
To be completed by the county election board:		
To: county election board of	County	
Fax number of county election board: ()_		
☐ PRIMARY ☐ GENERAL ☐ MUNICIPAL ☐ SPECIAL	ELECTION to be held on:	
To be completed by the voter:		(Insert date of election)
Voter's name:		
Voter's telephone number (if available): ()		<del></del>
Voter's fax number: ()_		
Voter's email address:		
Voter's mailing address:	State	ZIP Code
(Note: Providing a fax number, email address, or mailing address will allow the county election board received the voter's absentee ballot.)		
AFFIRMATION BY	<u>APPLICANT</u>	
I, (Attach voter address label here or print voter name and address below)		
swear/affirm under penalty of perjury, that I am (check one of the followed)	lowing):	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ve duty, or an eligible spouse o	r dependent;
a U.S. citizen temporarily residing outside the U.S.;		
a U.S. citizen overseas by virtue of employment or an accompany	ying spouse or dependent; or	
other U.S. citizen residing outside the U.S.		
and that I am a U.S. citizen, eligible to vote in the above jurisdiction a not been convicted of a felony or other disqualifying offense or been rights have been reinstated; that I am not registering, requesting a b the information on this form is true and complete. I have personally	adjudicated mentally incompe allot, or voting in any other juri	tent, and if so, my voting
Signature of voter	Date signed (mm/dd/yy)	
VOLUNTARY WAIVER C	E SECRET BALLOT	
VOLONIANI WAIVEN	TOTALLOI	
understand that by faxing my voted ballot I am voluntarily waiving	my right to a secret ballot.	